| Loc | ation: | Date: | |
|-----------|--|--|---|
| 1. | How would you rate the Feeling So I Excellent I Good | • | training session? |
| 2. | Are the tools helpful? Yes No | PRESONAL SALETY To the sale of the sale o | FEELING SAFE, |
| 3. | Do you feel prepared? Pres Prepared? No Prepared? | ASSISTED AND COMMENTS. | BEING SAFE My Personal Safety in an EMERGENCY |
| 4. | Was your website host helpful? Yes No | | |
| Comments: | | | |
| | | | |
| 5. | Do you have suggestions about how webcast training? | v to improve our | MY PRESENTATION |
| Comments: | | | |
| | | | |
| | | | |

Thank You